

Medco Health Home Delivery Pharmacy Service™ Order Form

Benefits Provided by Educators Mutual

For Refills

To order from our website: **www.medcohealth.com.** Have your member ID number and Prescription (Rx) number on hand. Your 12-digit Prescription or Rx number can be found on your refill slip.

To order by phone: Call **1 800 4REFILL (1 800 473-3455)** to use the automated refill system. Have your member ID number and your refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For New Prescriptions

Fill out one line of the Patient Information Section for each new prescription you send. Be sure to include the patient's full name,



date of birth, and address, along with the doctor's name and phone number.

For All Home Delivery Orders

Place all prescriptions and refill slips together with this completed order form and your co-payment in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help

Call Member Services at **1 800 316-9176.** Best times to call are Tuesday through Friday afternoons.

See the back of this form for additional instructions.

Member Information	า			
Member ID: Group: EMIARXD			Shipping address if different from you Check if Temporary Permanent	ır mailing address
Name:				
Street Address:Street A				
Daytime telephone Evening telephone			You authorize release of all information to the plan administrator, sponsor, or their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysi purposes without identification of you or your family members.	
	-Complete one line for each nev			Does patient
Patient name and Medicare B number (if applicable)	Patient's relation to plan member <i>(fill in one)</i> Sex	Birth date M/D/YYYY	Doctor name and phone number	have any other prescription plan?
1	Self Spouse Dependent M	/ /		☐ Yes ☐ No
2	Self Spouse Dependent M	/ /		☐ Yes ☐ No
3	Self Spouse Dependent M	/ /		☐ Yes ☐ No
Order Information			Paying by credit card? □Visa □MC □	Disc/NOVUS □AmEx □Diners
Total number of medications in (including all refills and new medi			CREDIT CARD NUMBER	
Subtotal of this order	\$.		M Y X EXPIRATION DATE CARDHOLDER SIGNA	ATURE
Optional expedited shipping \$9.00 (subject to change)			Check here to have all orders billed By doing so, you authorize Medco Hea	l to your credit card.
Total enclosed (do not send cash)	\$.		on file and bill all future orders directly by phone, please call 1 800 948-8779.	to your credit card. To enroll
			Paying by check? Write your member or money order made payable to Mede	•
Please be sure address is visible through window of return envelope				
•			MEDCO HEALTH	

PO BOX 30493

TAMPA, FL 33630-3493

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Please take a minute to make sure...

- You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.
- You have either filled out the credit card section on the front of this order form or included a check or money order for the required co-payment.
- You have written your member ID on any check or money order.
- The Medco Health address on the front shows through the window of the return envelope.
- You have filled out the Health, Allergy, and Medication Questionnaire. This information will help Medco Health better serve your prescription drug needs.

Expedited shipping available

For an additional fee, your order will be shipped by an expedited service offered to your area. This option must be chosen when you make the order and cannot be applied after an order is already processed.

Additional Instructions

If you elect to have this and all future orders automatically charged to your credit card by checking the box on the front or enrolling by phone, bear in mind that the automated payment plan feature will apply to all Home Delivery Pharmacy Service orders. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If you do, once your unpaid balance exceeds that limit no additional orders will be processed until the balance is paid.

You can call 1 800 948-8779 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card.

Florida Law requires pharmacists to substitute a less expensive, generically equivalent drug for certain brand name drugs unless you or your physician direct otherwise.

Get more information from our website. Visit us at **www.medcohealth.com.**